

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
MEALS & RENTALS LICENSE DATA UPDATE

After completing the applicable section below, detach this form from the booklet and remit to:

**NH DEPT OF REVENUE ADMINISTRATION
COLLECTION DIVISION
PO BOX 454
CONCORD NH 03302-0454**

LICENSE # _____
(ENTER LICENSE NUMBER ABOVE)

CURRENT BUSINESS MAILING ADDRESS

BUSINESS NAME
CORPORATE NAME, PARTNER NAMES OR PROPRIETOR'S NAME
NUMBER & STREET ADDRESS
ADDRESS (continued)
CITY/TOWN, STATE & ZIP CODE

BUSINESS MAILING ADDRESS CHANGE

BUSINESS NAME
CORPORATE NAME, PARTNER NAMES OR PROPRIETOR'S NAME
NUMBER & STREET ADDRESS
ADDRESS (continued)
CITY/TOWN, STATE & ZIP CODE

BUSINESS NAME CHANGE OR ENTITY CHANGE

CHANGE FROM: _____ TO: _____

REQUEST FOR CHANGE IN FILING REQUIREMENTS

I request my filing requirements be changed

FROM: _____ - _____
month beginning month ending

TO: _____ - _____
month beginning month ending

FOR DRA USE ONLY

I understand a return must be filed for each month in which my license is active, even though there may be no tax due.

SIGNATURE (IN INK)

DATE